

TRANSMITTAL LETTER TO THE UNITED STATES  
DESIGNED/ELECTED OFFICE (DO/EO/US)  
CONCERNING A FILING UNDER 35 U.S.C. 371

ATTORNEY'S DOCKET NUMBER

KC-0168

U.S. APPLICATION NO. (If known, see 37 CFR 1.5)

10/569798

INTERNATIONAL APPLICATION NO.  
PCT/GB2004/003623

INTERNATIONAL FILING DATE  
25 AUGUST 2004

PRIORITY DATE CLAIMED  
27 AUGUST 2003

TITLE OF INVENTION

**IMPROVED FORMULATION FOR PROVIDING AN ENTERIC COATING MATERIAL**

APPLICANT(S) FOR DO/EO/US

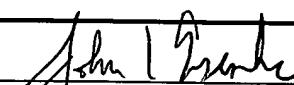
Vic YOUNG

Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:

1.  This is a **FIRST** submission of items concerning a filing under 35 U.S.C. 371.
2.  This is a **SECOND** or **SUBSEQUENT** submission of items concerning a filing under 35 U.S.C. 371.
3.  This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (21) indicated below.
4.  The US has been elected (Article 31).
5.  A copy of the International Application as filed (35 U.S.C. 371(c)(2))
  - a.  is attached hereto (required only if not communicated by the International Bureau).
  - b.  has been communicated by the International Bureau.
  - c.  is not required, as the application was filed in the United States Receiving Office (RO/US)
6.  An English language translation of the International Application as filed (35 U.S.C. 371(c)(2))
  - a.  is attached hereto.
  - b.  has been previously submitted under 35 U.S.C. 154(d)(4).
7. Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3)).
  - a.  are attached hereto (required only if not communicated by the International Bureau).
  - b.  have been communicated by the International Bureau.
  - c.  have not been made; however, the time limit for making such amendments has NOT expired.
  - d.  have not been made and will not be made.
8.  An English language translation of the amendments to the claims under Article 19 (35 U.S.C. 371(c)(3)).
9.  An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).
10.  An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).

**Items 11 to 20 below concern document(s) or information included:**

11.  An Information Disclosure Statement under 37 C.F.R. 1.97 and 1.98.
12.  An Assignment Document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.
13.  A Preliminary Amendment.
14.  An Application Data Sheet under 37 CFR 1.76.
15.  A substitute Specification.
16.  A Power of Attorney and/or change of address letter.
17.  A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821-1.825.
18.  A second copy of the published international application under 35 U.S.C. 154(d)(4).
19.  A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).
20.  Other items or information: PCT Request, International Search Report

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                                                                               |                                  |                                                       |          |              |               |                                                                                                                                                                                      |                  |  |  |                            |          |  |  |                                                                                                                                                                                         |                    |  |  |                                                                                                                                                     |          |  |  |                            |          |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------|----------|--------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--|--|----------------------------|----------|--|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--|--|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------|--|--|----------------------------|----------|--|--|--|
| U.S. APPLICATION (if known, see 37 CFR 1.5)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    | INTERNATIONAL APPLICATION<br>PCT/GB2004/003623                                | ATTORNEY'S DOCKET NO.<br>KC-0168 |                                                       |          |              |               |                                                                                                                                                                                      |                  |  |  |                            |          |  |  |                                                                                                                                                                                         |                    |  |  |                                                                                                                                                     |          |  |  |                            |          |  |  |  |
| <p>The following fees have been submitted:</p> <table border="1"> <tr> <td>21. <input type="checkbox"/> Basic national fee .....</td> <td>\$300.00</td> <td>Calculations</td> <td>PTO User Only</td> </tr> <tr> <td>22. <input type="checkbox"/> Examination fee<br/>If International preliminary examination report prepared by USPTO and all claims satisfy provisions of<br/>PCT Article 33(1)-(4).....</td> <td>\$ 200<br/>100.00</td> <td></td> <td></td> </tr> <tr> <td>All other situations .....</td> <td>\$200.00</td> <td></td> <td></td> </tr> <tr> <td>23. <input type="checkbox"/> Search fee<br/>Search fee (37 CFR 1.445(a)(2)) has been paid on the international application to the USPTO as an<br/>International Searching Authority .....</td> <td>\$ 400<br/>\$300.00</td> <td></td> <td></td> </tr> <tr> <td>International Search Report prepared by an ISA other than the US and provided to the Office or<br/>previously communicated to the US by the IB .....</td> <td>\$400.00</td> <td></td> <td></td> </tr> <tr> <td>All other situations .....</td> <td>\$500.00</td> <td></td> <td></td> </tr> </table> |                    |                                                                               |                                  | 21. <input type="checkbox"/> Basic national fee ..... | \$300.00 | Calculations | PTO User Only | 22. <input type="checkbox"/> Examination fee<br>If International preliminary examination report prepared by USPTO and all claims satisfy provisions of<br>PCT Article 33(1)-(4)..... | \$ 200<br>100.00 |  |  | All other situations ..... | \$200.00 |  |  | 23. <input type="checkbox"/> Search fee<br>Search fee (37 CFR 1.445(a)(2)) has been paid on the international application to the USPTO as an<br>International Searching Authority ..... | \$ 400<br>\$300.00 |  |  | International Search Report prepared by an ISA other than the US and provided to the Office or<br>previously communicated to the US by the IB ..... | \$400.00 |  |  | All other situations ..... | \$500.00 |  |  |  |
| 21. <input type="checkbox"/> Basic national fee .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | \$300.00           | Calculations                                                                  | PTO User Only                    |                                                       |          |              |               |                                                                                                                                                                                      |                  |  |  |                            |          |  |  |                                                                                                                                                                                         |                    |  |  |                                                                                                                                                     |          |  |  |                            |          |  |  |  |
| 22. <input type="checkbox"/> Examination fee<br>If International preliminary examination report prepared by USPTO and all claims satisfy provisions of<br>PCT Article 33(1)-(4).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | \$ 200<br>100.00   |                                                                               |                                  |                                                       |          |              |               |                                                                                                                                                                                      |                  |  |  |                            |          |  |  |                                                                                                                                                                                         |                    |  |  |                                                                                                                                                     |          |  |  |                            |          |  |  |  |
| All other situations .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$200.00           |                                                                               |                                  |                                                       |          |              |               |                                                                                                                                                                                      |                  |  |  |                            |          |  |  |                                                                                                                                                                                         |                    |  |  |                                                                                                                                                     |          |  |  |                            |          |  |  |  |
| 23. <input type="checkbox"/> Search fee<br>Search fee (37 CFR 1.445(a)(2)) has been paid on the international application to the USPTO as an<br>International Searching Authority .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$ 400<br>\$300.00 |                                                                               |                                  |                                                       |          |              |               |                                                                                                                                                                                      |                  |  |  |                            |          |  |  |                                                                                                                                                                                         |                    |  |  |                                                                                                                                                     |          |  |  |                            |          |  |  |  |
| International Search Report prepared by an ISA other than the US and provided to the Office or<br>previously communicated to the US by the IB .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$400.00           |                                                                               |                                  |                                                       |          |              |               |                                                                                                                                                                                      |                  |  |  |                            |          |  |  |                                                                                                                                                                                         |                    |  |  |                                                                                                                                                     |          |  |  |                            |          |  |  |  |
| All other situations .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$500.00           |                                                                               |                                  |                                                       |          |              |               |                                                                                                                                                                                      |                  |  |  |                            |          |  |  |                                                                                                                                                                                         |                    |  |  |                                                                                                                                                     |          |  |  |                            |          |  |  |  |
| <b>TOTAL OF 21, 22, and 23 =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                                                                               |                                  |                                                       |          |              |               |                                                                                                                                                                                      |                  |  |  |                            |          |  |  |                                                                                                                                                                                         |                    |  |  |                                                                                                                                                     |          |  |  |                            |          |  |  |  |
| <input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250.00 for each additional 50 sheets of paper or fraction thereof.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                                                                               |                                  | \$ 900                                                |          |              |               |                                                                                                                                                                                      |                  |  |  |                            |          |  |  |                                                                                                                                                                                         |                    |  |  |                                                                                                                                                     |          |  |  |                            |          |  |  |  |
| Total Sheets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Extra Sheets       | Number of each additional 50 or fraction thereof (round up to a whole number) | RATE                             |                                                       |          |              |               |                                                                                                                                                                                      |                  |  |  |                            |          |  |  |                                                                                                                                                                                         |                    |  |  |                                                                                                                                                     |          |  |  |                            |          |  |  |  |
| - 100 =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | /50 =              |                                                                               | x \$250.00                       |                                                       |          |              |               |                                                                                                                                                                                      |                  |  |  |                            |          |  |  |                                                                                                                                                                                         |                    |  |  |                                                                                                                                                     |          |  |  |                            |          |  |  |  |
| Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492(e)).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                                                                               |                                  | \$                                                    |          |              |               |                                                                                                                                                                                      |                  |  |  |                            |          |  |  |                                                                                                                                                                                         |                    |  |  |                                                                                                                                                     |          |  |  |                            |          |  |  |  |
| CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    | NUMBER FILED                                                                  | NUMBER EXTRA                     | RATE                                                  |          |              |               |                                                                                                                                                                                      |                  |  |  |                            |          |  |  |                                                                                                                                                                                         |                    |  |  |                                                                                                                                                     |          |  |  |                            |          |  |  |  |
| Total Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    | 15 - 20 =                                                                     | 0                                | x \$50.00                                             |          |              |               |                                                                                                                                                                                      |                  |  |  |                            |          |  |  |                                                                                                                                                                                         |                    |  |  |                                                                                                                                                     |          |  |  |                            |          |  |  |  |
| Independent Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    | 1 - 3 =                                                                       | 0                                | x \$200.00                                            |          |              |               |                                                                                                                                                                                      |                  |  |  |                            |          |  |  |                                                                                                                                                                                         |                    |  |  |                                                                                                                                                     |          |  |  |                            |          |  |  |  |
| MULTIPLE DEPENDENT CLAIM(S) (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                                                                               |                                  | + \$360.00                                            |          |              |               |                                                                                                                                                                                      |                  |  |  |                            |          |  |  |                                                                                                                                                                                         |                    |  |  |                                                                                                                                                     |          |  |  |                            |          |  |  |  |
| <b>TOTAL OF ABOVE CALCULATIONS =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |                                                                               |                                  | \$ 900                                                |          |              |               |                                                                                                                                                                                      |                  |  |  |                            |          |  |  |                                                                                                                                                                                         |                    |  |  |                                                                                                                                                     |          |  |  |                            |          |  |  |  |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |                                                                               |                                  | \$ 450                                                |          |              |               |                                                                                                                                                                                      |                  |  |  |                            |          |  |  |                                                                                                                                                                                         |                    |  |  |                                                                                                                                                     |          |  |  |                            |          |  |  |  |
| <b>SUBTOTAL =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                                                                               |                                  | \$ 450                                                |          |              |               |                                                                                                                                                                                      |                  |  |  |                            |          |  |  |                                                                                                                                                                                         |                    |  |  |                                                                                                                                                     |          |  |  |                            |          |  |  |  |
| Processing fee of \$130.00 for furnishing the English language translation later than 30 months from the earliest priority date (37 CFR 1.492(f))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                                                                               |                                  | \$                                                    |          |              |               |                                                                                                                                                                                      |                  |  |  |                            |          |  |  |                                                                                                                                                                                         |                    |  |  |                                                                                                                                                     |          |  |  |                            |          |  |  |  |
| <b>TOTAL NATIONAL FEE =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                                                                               |                                  | \$ 450                                                |          |              |               |                                                                                                                                                                                      |                  |  |  |                            |          |  |  |                                                                                                                                                                                         |                    |  |  |                                                                                                                                                     |          |  |  |                            |          |  |  |  |
| Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31) \$40.00 per property                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                                                                               |                                  | \$                                                    |          |              |               |                                                                                                                                                                                      |                  |  |  |                            |          |  |  |                                                                                                                                                                                         |                    |  |  |                                                                                                                                                     |          |  |  |                            |          |  |  |  |
| <b>TOTAL FEES ENCLOSED =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                                                                               |                                  | \$ 450                                                |          |              |               |                                                                                                                                                                                      |                  |  |  |                            |          |  |  |                                                                                                                                                                                         |                    |  |  |                                                                                                                                                     |          |  |  |                            |          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                                                                               |                                  | Amount to be refunded: \$                             |          |              |               |                                                                                                                                                                                      |                  |  |  |                            |          |  |  |                                                                                                                                                                                         |                    |  |  |                                                                                                                                                     |          |  |  |                            |          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                                                                               |                                  | charged: \$                                           |          |              |               |                                                                                                                                                                                      |                  |  |  |                            |          |  |  |                                                                                                                                                                                         |                    |  |  |                                                                                                                                                     |          |  |  |                            |          |  |  |  |
| a. <input checked="" type="checkbox"/> A check in the amount of \$ 450.00 to cover the above fees is enclosed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |                                                                               |                                  |                                                       |          |              |               |                                                                                                                                                                                      |                  |  |  |                            |          |  |  |                                                                                                                                                                                         |                    |  |  |                                                                                                                                                     |          |  |  |                            |          |  |  |  |
| b. <input type="checkbox"/> Please charge my Deposit Account No. _____ in the amount of \$ _____ to cover the above fees.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                                                                               |                                  |                                                       |          |              |               |                                                                                                                                                                                      |                  |  |  |                            |          |  |  |                                                                                                                                                                                         |                    |  |  |                                                                                                                                                     |          |  |  |                            |          |  |  |  |
| c. <input checked="" type="checkbox"/> A duplicate copy of this sheet is enclosed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                                                                               |                                  |                                                       |          |              |               |                                                                                                                                                                                      |                  |  |  |                            |          |  |  |                                                                                                                                                                                         |                    |  |  |                                                                                                                                                     |          |  |  |                            |          |  |  |  |
| d. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 16-0607. A duplicate copy of this sheet is enclosed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |                                                                               |                                  |                                                       |          |              |               |                                                                                                                                                                                      |                  |  |  |                            |          |  |  |                                                                                                                                                                                         |                    |  |  |                                                                                                                                                     |          |  |  |                            |          |  |  |  |
| Fees are to be charged to a credit card. <b>WARNING:</b> Information on this form may become public. <b>Credit card information should not be included on this form.</b> Provide credit card information and authorization on PTO-2038.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |                                                                               |                                  |                                                       |          |              |               |                                                                                                                                                                                      |                  |  |  |                            |          |  |  |                                                                                                                                                                                         |                    |  |  |                                                                                                                                                     |          |  |  |                            |          |  |  |  |
| NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b) must be filed and granted to restore the application to pending status.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                                                                               |                                  |                                                       |          |              |               |                                                                                                                                                                                      |                  |  |  |                            |          |  |  |                                                                                                                                                                                         |                    |  |  |                                                                                                                                                     |          |  |  |                            |          |  |  |  |
| SEND ALL CORRESPONDENCE TO:<br>CUSTOMER NO. 34610                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                                                                               |                                  |                                                       |          |              |               |                                                                                                                                                                                      |                  |  |  |                            |          |  |  |                                                                                                                                                                                         |                    |  |  |                                                                                                                                                     |          |  |  |                            |          |  |  |  |
| FLESHNER & KIM, LLP<br>P.O. Box 221200<br>Chantilly, Virginia 22151-1200<br>USA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                                                                               |                                  |                                                       |          |              |               |                                                                                                                                                                                      |                  |  |  |                            |          |  |  |                                                                                                                                                                                         |                    |  |  |                                                                                                                                                     |          |  |  |                            |          |  |  |  |
| SIGNATURE<br><br>John C. Eisenhart<br>NAME<br>38,128<br>REGISTRATION NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                                                                               |                                  |                                                       |          |              |               |                                                                                                                                                                                      |                  |  |  |                            |          |  |  |                                                                                                                                                                                         |                    |  |  |                                                                                                                                                     |          |  |  |                            |          |  |  |  |